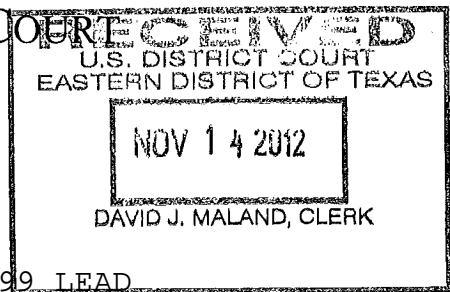


AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT  
for the  
Eastern District of Texas



Blue Spike, LLC.

Plaintiff(s)

v.

Innovatrics s.r.o., et al.

Defendant(s)

6:12CV499 LEAD

CONSOLIDATED WITH  
Civil Action No. 6:12-CV-647

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) **Swift Biometrics, Inc.**  
**Kenneth Nosker**  
**850 Fawnway**  
**San Antonio, Texas 78260**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: **Eric M. Albritton**  
**ALBRITTON LAW FIRM**  
**P.O. Box 2649**  
**Longview, Texas 75606**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 10/31/12



CLERK OF COURT

*David Maland*

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 6:12-CV-647

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Swift Biometrics, Inc.  
 was received by me on *(date)* 11/03/2012.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

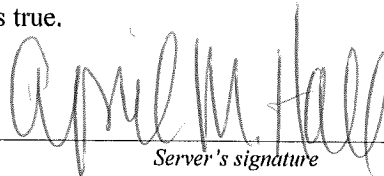
☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other *(specify)*: Certified Mail, Return Receipt Requested # 70121010000056530658

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 11/07/2012



*Server's signature*

April M. Hall  
*Printed name and title*

111 West Tyler Longview, Tx. 75601  
*Server's address*

Additional information regarding attempted service, etc:

7012 1010 0000 5653 0658

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

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**OFFICIAL USE**

SAN ANTONIO TX 78260

Postage	\$ 5.25	0601
Certified Fee	\$2.95	01
Return Receipt Fee (Endorsement Required)	\$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	NOV 1 2012
Total Postage & Fees	\$ 10.55	11/01/2012

**Swift Biometrics, Inc.**

Sent To  
**Kenneth Nosker**  
 Street, Apt. No.  
 or PO Box No.  
**850 Fawnway**  
 City, State, ZIP+4®  
**San Antonio, Tx. 78260**

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Swift Biometrics, Inc.**  
**Kenneth Nosker**  
**850 Fawnway**  
**San Antonio, Tx. 78260**

2. Article Number  
 (Transfer from service) 7012 1010 0000 5653 0658

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Kenneth Nosker* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery  
 11-03-12

D. Is delivery address different from Item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 95-02-M-1540

RPR